

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 1015275 FILING DATE 2/1  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3				1		
4		3		1		
5		2		1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	6	←		←
TOTAL CLAIMS			8			
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TOTAL CLAIMS						